

North Carolina Department of Public Instruction
North Carolina State Improvement Project II

APPLICATION FOR FALL 2019 TUITION REIMBURSEMENT

Funds Limited to – Teachers with current and verifiable Residency, Provisional, or Lateral Entry Exceptional Children License

Important Information:

- This is an application only and must be submitted and approved to be considered for tuition reimbursement.
- The application must be complete, legible, and have the original "wet" signature of the EC Director/Charter Coordinator to verify appropriate employment position.
- Applicant must receive a final grade of "B" or higher in the course.
- Only one course per Fall semester will be reimbursed.

Applications must be received by **December 6, 2019**.
Supporting Documents are due by **January 3rd, 2020**. *
*Grade report and a '0' balance receipt verifying tuition payment

Mail completed application to:
Tuition Reimbursement
NCDPI, Exceptional Children Division
6356 Mail Service Center
Raleigh, NC 27699-6356

NAME:

HOME ADDRESS:

Box or Street City State Zip Code Home Phone

ADMINISTRATIVE UNIT:

City or County School Work Phone

SOCIAL SECURITY NUMBER:

EMAIL ADDRESS:

NAME OF UNIVERSITY Beginning Date of Course ____ / ____ / ____

COURSE #	COURSE TITLE	CREDIT HRS	COST

1. PRESENT EDUCATION: B.A. or B.S. _____, M.A. or M.S. _____, Other _____
2. Which Special Education area are you seeking licensure? _____
3. Do you plan to remain in your present position? ____ Yes ____ No Explain: _____
4. Do you currently hold a current and verifiable **residency, provisional, or lateral entry license in special education**? ____ Yes ____ No (IF **NO**, do not complete this form).
5. When do you expect to complete residency, provisional, or lateral entry license requirements? (Month) _____ (Year) _____
6. Applicant's Statement: I hereby grant permission to the university to report my grades to the Department of Public Instruction. ***I accept responsibility for paying for any charges incurred beyond the university's normal charge for special education course work above \$110.00 per semester hour. I accept responsibility for costs due to late registration, out-of-state tuition and any non-tuition costs, such as books, travel, food, room, application fees, administrative fees, etc. I ensure that I am not receiving reimbursement from another source for this course.***

Applicant (PRINT NAME)

Signature of Applicant

Date

SEND THIS APPLICATION TO YOUR EXCEPTIONAL CHILDREN PROGRAM DIRECTOR TO COMPLETE "EVIDENCE OF EMPLOYMENT."

EC Program Director: Please screen applicant carefully. **RETURN** this form to applicant if the course is not appropriate for their responsibilities, or the form is incorrectly filled out, or the public school unit has provided reimbursement.

1. I certify that the above numbers 1-6 are accurate.
2. I certify that the applicant holds a current and verifiable residency, provisional, or lateral entry license **in special education**.
3. **Is this applicant under contract with your administrative unit as a teacher of exceptional children?** ____ Yes ____ No

EC Program Director/Charter Coordinator (PRINT NAME)

Signature of EC Program Director/Charter Coordinator

Date

FOR DPI USE ONLY:

☐ Application Approved ☐ Application Denied & Returned

Date

Date

- ☐ Did not meet deadline
- ☐ Submitted copy-need original "wet" signature
- ☐ Not under contract as Special Education teacher
- ☐ License not Special Education focused
- ☐ Incomplete application, see highlighted section